



## Youth Leadership Institute (YLI) Youth Intake Form Youth Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Gender \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent/Guardian Information

Last Name \_\_\_\_\_

First Name: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

### Youth Interests

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Art               | <input type="checkbox"/> Coding           | <input type="checkbox"/> Community Service  |
| <input type="checkbox"/> Dance Photography | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Financial Literacy |
| <input type="checkbox"/> Gardening/Nature  | <input type="checkbox"/> Music            | <input type="checkbox"/> Public Speaking    |
| <input type="checkbox"/> Social Media      | <input type="checkbox"/> Social Justice   | <input type="checkbox"/> Sports             |
| <input type="checkbox"/> Video Games       | <input type="checkbox"/> Video/Filmmaking | <input type="checkbox"/> Writing            |



# Alpha Kappa Alpha Sorority, Incorporated®



## Youth Leadership Institute (YLI) Parent/Guardian Permission Form

This form must be completed for all youth participating in Alpha Kappa Alpha Sorority, Incorporated® Youth Leadership Institute (YLI) which will cover all hosted events including but not limited to overnight activities, field trips, events requiring group transportation, and any other event hosted by the event coordinator(s). The form must be submitted prior to the youth participating in any event and must be re-submitted each year the youth participates in the program. The form has six parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, (4) pick-up authorization, (5) code of conduct, and (6) media policy. Be sure to complete all sections and sign where requested.

### Information about the Youth Participant

Name of Youth Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_

Age at Time of Participation: \_\_\_\_\_

### Information about the Activity

Name of Activity/Event: \_\_\_\_\_

Name of Group Sponsoring or Participating in this Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_



# Alpha Kappa Alpha Sorority, Incorporated®



## Parental Permission And Release Of Liability

I hereby give my minor child (named above) permission to participate in the event listed. I hereby waive Alpha Kappa Alpha Sorority Inc.®, its officers, board and employees, event coordinators, chapter members, and volunteers from any liability that may arise due to personal injury, personal illness, loss or damage to personal property of my minor child that may arise from participating in the event listed. As a participant in a volunteer program, I understand that my minor child is not covered under the insurance policies of AKA or any of its chapters. I acknowledge that I understand the waiver described in this document, and assume the risk of personal injury to my minor child and property loss associated with my minor child's participation. This waiver is made to the maximum extent permissible under applicable law. Furthermore, I release the owner and driver of the car transporting my child to and from the event, from any liability in the event of illness or injury.

Name of Parent or Guardian (please print): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

## Medical Emergency Authorization And Health Information

I authorize the event coordinator(s) to dispense the prescription drugs and/or over-the-counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident requiring immediate treatment or surgery during this program or activity, I authorize the chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the event coordinator(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above-named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

Name of Parent/Guardian: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Additional Emergency Contact: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_



# Alpha Kappa Alpha Sorority, Incorporated®



Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

The following information is provided as an aid to the event coordinator(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.).

Health conditions: \_\_\_\_\_

Medications/Instructions: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Company Group# \_\_\_\_\_ ID# \_\_\_\_\_

## Pick-Up Authorization

In addition to the parent/guardian(s)/emergency contact listed above, please list the names of any possible persons authorized to pick up the above referenced youth participant  
Please Note: Photo ID's must be presented at the time of pick up.

Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_



# Alpha Kappa Alpha Sorority, Incorporated®



## Code Of Conduct & Responsibility Contract

### As a participant of the YLI:

1. I agree to abide by the rules and regulations set forth by AKA sorority members and conduct myself with respect.
2. I will not bully or participate in negatively speaking to or of anyone or act violently.
3. I understand that my participation may be revoked after three unexcused absences from meetings and activities within the program year and that I must notify AKA sorority members of any absence.
4. I understand that my personal and private information will not be shared with any individuals, agencies, or institutions without my parent's written consent.
5. I will be fully engaged in attending program meetings and activities that will include monthly activities.
6. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of the AKA sorority members.
7. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Incorporated®, and local AKA sorority members.

By signing below, I certify that I have read all the above.

Signature of YLI Participant \_\_\_\_\_ Date: \_\_\_\_\_



# Alpha Kappa Alpha Sorority, Incorporated®



## Parent/Guardian Media Release Form

Alpha Kappa Alpha Sorority, Incorporated® routinely promotes programs and activities involving minors through various media.

### MEDIA RELEASE

I, \_\_\_\_\_ the undersigned, do hereby grant permission to use the image of my child, \_\_\_\_\_. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Web site.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_